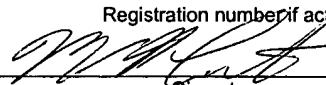


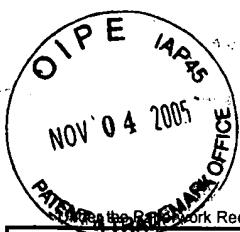
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 0378-0381P	
Application Number 09/805,163-Conf. #1759		Filed	March 14, 2001
For SOLID-STATE HONEYCOMB TYPE IMAGE PICKUP APPARATUS USING A COMPLEMENTARY COLOR FILTER AND SIGNAL PROCESSING METHOD THEREFOR			
Art Unit 2612		Examiner	C. S. Yoder
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>			
	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u>. I have enclosed a duplicate copy of this sheet.</p>			
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>39,491</u></p>			
 Signature		November 4, 2005 Date	
Michael R. Cammarata Typed or printed name		(703) 205-8000 Telephone Number	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>			

11/07/2005 HAL111 00000127 09805163

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120.00 DP



PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

15/2612
L-8

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>09/805,163-Conf. #1759</td> </tr> <tr> <td>Filing Date</td> <td>March 14, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Masaru OSADA</td> </tr> <tr> <td>Examiner Name</td> <td>C. S. Yoder</td> </tr> <tr> <td>Art Unit</td> <td>2612</td> </tr> </table>		Application Number	09/805,163-Conf. #1759	Filing Date	March 14, 2001	First Named Inventor	Masaru OSADA	Examiner Name	C. S. Yoder	Art Unit	2612
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First Named Inventor	Masaru OSADA												
Examiner Name	C. S. Yoder												
Art Unit	2612												
TOTAL AMOUNT OF PAYMENT	(\$ 120.00)	Attorney Docket No.	0378-0381P										

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP</p>					
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments</p>					

<p>FEE CALCULATION</p> <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table> <p>2. EXCESS CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50 25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200 100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360 180</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> </tr> </thead> <tbody> <tr> <td>83</td> <td>- 83 =</td> <td>x _____</td> <td>= _____</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>- 3 =</td> <td>x _____</td> <td>= _____</td> </tr> </tbody> </table> <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>- 100 =</td> <td>/50 (round up to a whole number) x _____</td> <td>= _____</td> <td>Fees Paid (\$)</td> </tr> </tbody> </table> <p>4. OTHER FEE(S)</p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00</p>							Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____	Fee Description	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50 25	Each independent claim over 3 (including Reissues)	200 100	Multiple dependent claims	360 180	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	83	- 83 =	x _____	= _____	Fee (\$) Fee Paid (\$)	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	- 3 =	x _____	= _____	Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 =	/50 (round up to a whole number) x _____	= _____	Fees Paid (\$)
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<p>SUBMITTED BY</p> <table border="1"> <tr> <td>Signature</td> <td colspan="2"></td> <td>Registration No. (Attorney/Agent)</td> <td>39,491</td> <td>Telephone (703) 205-8000</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Michael R. Cammarata</td> <td>Date</td> <td colspan="2">November 4, 2005</td> </tr> </table>						Signature			Registration No. (Attorney/Agent)	39,491	Telephone (703) 205-8000	Name (Print/Type)	Michael R. Cammarata		Date	November 4, 2005	
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